

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90047 036 ***150.00

0173541

DOCUMENT # P00000079637

1. Entity Name

SMOKE WORLD CORPORATION

Principal Place of Business

**5100 LAKEVIEW DRIVE
 MIAMI BEACH FL 33140**

Mailing Address

**5100 LAKEVIEW DRIVE
 MIAMI BEACH FL 33140**

2. Principal Place of Business

444 BRICKELL AVE

Suite, Apt. #, etc.

STE. 51-462

3. Mailing Address

444 BRICKELL AVE

Suite, Apt. #, etc.

STE. 51-462

City & State

MIAMI, FL

City & State

MIAMI FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DE OLIVEIRA, CRISTINA
 2701 LE JEUNE ROAD
 SUITE 345
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

LADIS JANDALI

Street Address (P.O. Box Number is Not Acceptable)

444 BRICKELL AVE, SUITE 51-462

City **MIAMI**

FL

Zip Code

33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

LADIS JANDALI

4-27-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **TAYARA, NAJIB**
 CITY-ST-ZIP **444 BRICKELL AVENUE #51-462
 MIAMI FL 33131**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FERRGUR FLUDGATE, MARIA**
 CITY-ST-ZIP **5100 LAKEVIEW DRIVE
 MIAMI BEACH FL 33140**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATIS TAYARA, D

4-27-01

Date

**305
 358-0058**

Daytime Phone #

CR2E034 (10/00)